

and an easily understood description of the modern equipment for the use of electricity in medicine. Following this is a good epitome of the physiology of electricity in its application to the human body.

The chapter on diseases of the nervous system, while closely following Tousey, is fairly complete and very conservative and certainly does not advocate electricity as a cure-all for every sort of nervous disease. A short and instructive chapter on high-frequency and one on photo-therapy follow. The rest of the book, about one-half, is devoted to X-ray therapy, the X-ray in fractures, dislocations, foreign bodies, calculi, dentistry and the medico-legal aspect of the X-ray.

The impression given by the whole book is one of an excellent manual of electrical procedures in medicine and should be especially useful to either a beginner in the field of electro-therapeutics or to any one wishing a good, clear, working knowledge of the science. Much of the satisfaction derived from reading this work is due to the fact that it seems to be the record of the personal experience of the author modifying and organizing and making practical the elaborate and complicated systems of electro-therapy that have hitherto been in vogue.

G. H. T.

Obstetrics. Edited by Jos. B. De Lee, M. D. The Practical Medicine Series, Vol. V, 1911. Published by The Year Book Publishing Co., Chicago, 1911. Price, \$1.50.

The author has given us a compact volume of 233 pages, full of up-to-date obstetrical literature. The subject-matter is laid out systematically, and the different papers, for the most part published in foreign journals, are arranged under their respective heads of Pregnancy, Labor, Puerperium, or the New-born.

In Part I you will find the question of toxemia of pregnancy fully discussed as to etiology, pathology, diagnosis, prognosis and treatment, bringing this topic right up to date. Also the treatment of placenta previa, as advocated by the modern European authorities, is concisely and explicitly written in twelve short pages.

Part II deals mostly with operative obstetrics, pelvic contractions and postpartum hemorrhage. The operations of vaginal and abdominal Cesarean section and the newer operations as extraperitoneal Cesarean and hebstrotomy are fully discussed and results of the different advocates are given. Four plates show the different steps in Doderlein operation of "Lateral Extraperitoneal Cesarean Section." Momburg's treatment of postpartum hemorrhage is fully described and criticized.

Part III deals with the modern literature on the management of the puerperium. The major portion is taken up by the chapter on puerperal sepsis.

Part IV on the new-born describes the subject "Fractures and Depressions of the Cranium and its Treatment," also the topic of hemophilia neonatorum and its treatment by use of normal blood serum.

The book treats of the practical experience of the obstetrical authorities, especially those connected with large obstetrical clinics of Europe. The editor's comments throughout the book are valuable additions and give one the American point of view.

The reviewer recommends the book to the general practitioner who is doing obstetrics, for it gives him an opportunity to read all the modern obstetrical procedures which he cannot obtain by consulting the ordinary textbooks.

L. I. BREITSTEIN.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Published by W. B. Saunders Co., Philadelphia. Part 1, issued February 1st, 1912. Subscriptions by the year only; four parts per year. Price, paper bound, \$8.00; cloth bound, \$12.00.

When it was announced that the Clinics of Dr. John B. Murphy were to be offered in book form, the publishers stated that the profession was to be congratulated on the fact that Dr. Murphy had consented to allow the report of his clinics to be presented to the profession. This was not an extravagant statement, for it is generally conceded that the surgical clinic of Dr. Murphy is as interesting and as instructive as it is possible for a clinic to be. Dr. Murphy's method of teaching is almost unique and the fact that his method is appreciated is best seen by the very large attendance at the Mercy Hospital each Wednesday and Saturday, not to mention other times. His teachings are of such interest because all of his reasonings are based upon the pathological conception of disease: this is emphasized in every possible manner.

The Surgical Clinics discuss a variety of conditions, some of which are of the greatest importance, and many of the points that are presented can not be found in literature and are largely the products of the fertile brain of the author.

The first case reported concerns carcinoma of the breast; in this article, which occupies 12 pages, the entire subject of cancer is gone over and it gives one more real information than can be found in many works on surgery. He first takes up the subject of metastasis, and the reviewer can do no better than to quote the paragraph in this article discussing metastasis to show what an amount of information is presented in a few lines.

"Tumors of the thyroid gland either have a point of election of metastasis or they follow a physiologic selection in their metastasis. There is a definite physiologic relation between the thyroid gland and the long bones, and for that reason metastasis occurring from the thyroid gland takes place in the shafts of the long bones more frequently than in any other position, but not exclusively. I am speaking now of malignant lesions of the thyroid gland. If you have a sarcoma in the thyroid gland, you have a metastatic sarcoma more commonly in the upper end of the tibia and in the upper end of the humerus than anywhere else. Then come the bodies of the vertebrae and, less frequently, the other bones. That does not apply to the innocent or benign tumors of the thyroid gland. In these innocent tumors, known as the metastatic variety, you have from the thyroid gland metastases occurring in tissue which is not microscopically differentiated from normal thyroid gland tissue. These metastases do not occur in the long bones, but in the flat bones, and more particularly in the calvaria—the parietal bones; next in the short bones like the bodies of the vertebrae, and so on. But these are non-malignant metastases of the thyroid gland, so far as we know. When you have tumors of the thyroid gland, they not only metastasize in the bones, but in other structures, and the breast is one of them."

After this the differential diagnosis is taken up and the operation is performed, and during the operation the manner of the extirpation of the growth is discussed; Dr. Murphy does not sever the great pectoral muscle, but splits its fibres, utilizing this muscle later on in the operation for the purpose of filling in the axillary space. He is careful to remove the fascia and glands between this muscle and the small pectoral muscle; he has seen metastasis recur but once in the pectoralis muscle and he does not consider this an important factor in recurrence. Dr. Murphy emphasizes the importance of filling in the axillary space to avoid pressure upon the veins and lymphatics, thereby